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Vol. X. HALIFAX, NOVA SCOTIA, NOVEMBER, 1898. No. 11.

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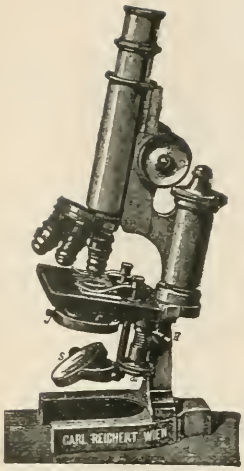

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VOL. X. HALIFAX, N. S., NOVEMBER, 1898. No. 11.

Original Communications.

RUPTURE OF VAGINA DURING PARTURITION.*

By J. W DANIEL, M. D., St. John, N. B.

The cause of my presenting this subject to you in a very short paper is the occurrence of an instance of this somewhat unusual accompaniment of parturition very recently in my practice, and as one never knows when the unusual is about to occur, I thought a reference to the matter would not be uninteresting to those present, most of whom in the practice of their profession, are liable to meet with similar cases.

Rupture of the vagina is usually associated with similar injury to the uterus, the tear commencing in that organ and extending into and implicating the vagina, but in about one-third of the cases the injury is confined entirely to the vagina. When confined to the vagina (and it is to these I wish only to refer) these tears may be either transverse or longitudinal, or irregular in direction and shape. It is stated in authorities that spontaneous tears of vagina are more frequently transverse in direction, those in the middle portion being more frequently longitudinal, while cases are on record where the vagina has been nearly, and even altogether torn from uterus by circular rent. Vaginal tears are either spontaneous or due to traumatism. When due to the latter cause they may be the result of a puncture by the nozzle of a vaginal douche, or by being rent by the blade of a forceps or cephalatribe, either

* Read at meeting of Maritime Medical Association. Halifax, July 1898.

on application by faulty and forcible manipulation, or on completing delivery by a too early turning the handles up over the abdomen. In this latter case the ends of the blades are forced down off the sides of the fœtal head, and pressing into vaginal walls inflict a forcible solution of continuity resulting in tears of a greater or less extent. Cases are recorded where the vagina has been punctured by the perforator in the performance of craniotomy; generally the puncture has been of limited extent and the injury slight, but in other cases it has passed through the bladder, making a very large wound, while in the strangest case of all, the instrument was thrust through the tissues and applied to the promontory of the sacrum which was mistaken for the fœtal head! Then, again, rupture of the vagina has been caused by the forcible introduction of the hand for the purpose of inducing version, and I think that even those of us who are supplied by nature with small hands have noticed in performing this operation that in some of the cases the pressure of the vagina on the hand is very tense and almost benumbing in its effect, so as to make manipulation very difficult. The fact that rupture may occur under these circumstances is sufficient to make us all extremely circumspect in the amount of force used, and in the direction in which the force is applied.

In cases of spontaneous ruptnre the more serious cases are those in which the tear takes place high up, close to uterus, for in these cases the peritoneum may also be involved in the injury and a peritonitis ensue Hart of Edinboro has shown that the vagina in its posterior portion in its upper half-inch is structurally weak, while during the passage of the fœtus this same posterior portion is considerably more elongated than the anterior portion. The causes of spontaneous rupture are generally put down as being: 1st, disease of vaginal walls; 2nd, disproportion between size of fœtal head and pelvis; 3rd, osseous irregularity upon inner surface of pelvis. The authorities also give the prognosis as rather bad, the mortality being somewhat high. Thus the recoveries after rupture of vagina are placed at only 12 per cent., which seems a rather high mortality for this injury. Tears of lower portion of vagina are frequently associated with rupture of the peritoneum, though not always. They are usually due to stretching, are most in the middle line and generally superficial. It is also stated that rupture of vagina is more frequent in male births than in female.

The case which I wish to report occurred in my practice last April. The patient was a primipara of healthy appearance, about 25 years of

age. The labor appeared to be a natural one in every respect, though the pains, especially at the last, were very strong and very distressing in the amount of pain produced. It was not of unusual duration; I was not in the house more than three hours before child was born. No instruments were used, no ergot was given; in fact I do uot follow the routine practice of giving ergot, and only give it in cases in which there appears to be a special cause for its administration. There was no rupture of perineum, the passage of head and body of child seemed natural in every way, and there was no reason to imagine anything had gone wrong. The placenta came away shortly without difficulty. In a very short time the patient became very pale, had sighing respiration and the pulse was extremely weak; on placing my hand on uterus I found it was well contracted. The patient, hower, was becoming rapidly collapsed, and on close examination I found her flowing very profusely, notwithstanding the firm contraction of the uterus. It was evident that some unusual cause was at work to produce this state of things. On making a vaginal examination, I found the os and cervix perfectly sound, the os seeming smooth and round and much more firmly contracted and smaller than I should have believed possible so soon after delivery. But on examinig the vagina in its posterior portion, I was at first puzzled to make out the condition, as there appeared to be an irregular fleshy mass there wholly unconnected with the uterus, extending down to the middle of the vagina or lower, and felt something like the uterine side of a placenta. I found, however, that this was one side of the torn portion of vagina bulged up by contraction. The wound was very deep, so deep that I thought it must have implicated the wall of the rectum, and was bleeding profusely. On examination, the rectum was found to be intact, fortunately the tear not having penetrated its walls. By the vigorous and immediate use by the vaginal douche of as hot water as could safely be employed, the hæmorrhage ceased and the patient rallied. The after-treatment in this case consisted in the frequent use of hot antiseptic douches, the wound being too high up to suture easily. The case did well, although convalescence was protracted, the patient being so extremely exhausted by the shock and hæmorrhage, but there was no fever and no septic complication.

The symptoms expected and to be looked for in cases of severe rupture of vagina are noticeable in this case, viz., shock and hæmorrhage, and the effects on the system are very severe. They were so severe that I really thought the patient would die, and advised them to obtain

the attendance of their clergyman. The effect of hot water not only in stopping the hæmorrhage, but also in reducing the shock and condition of collapse was also very noticeable and very satisfactory, although it was some hours before the patient was sufficiently improved to make it appear likely that she would recover.

In this case, as far as I am aware, there was no disease of vagina, there was no disproportion between the size of the fœtal head and pelvis; the child was a female, and there was no osseous irregularity upon the inner surface of pelvis. I can only conclude that the vagina was not so distensible or elastic or as capacious as usual, and that giving way in the portion already referred to as being structurally weak, the rent extended as it did, making a deep and dangerous wound and calling for prompt measures to save life.

NOTES ON SOME INTERESTING SKIN LESIONS IN PRACTICE.*

By Geo. G. Melvin, M. D., St. John, N. B.

When, a few days previous to the compilation of the programme of this meeting, I was asked to contribute something to it, it was evident that there was not sufficient time to prepare a formal paper, worthy of being presented to the Society. And, indeed, although a formal paper, on a stated subject, is often most valuable and most interesting, yet it often happens that we prefer hearing fragmentary observations on cases that have actually occurred, than the most finished and cultured dissertation on an ideal condition, that, perhaps, many of us may never encounter. It is because of this principle, I suppose, that the proverb is true, that "things seen are mightier than things heard," and that we are always more interested in the concrete than in the abstract.

A prominent member of the St. John Medical Society recently said, speaking at one of its meetings: "That he was scarcely conscious of ever having received much benefit from any set paper read before a medical society; for so far as he was aware, there was none of us engaged in original research, and that, therefore, when the sweet calm of work accomplished and well done, and the shades of evening fell upon us, with our pipe in our mouth, and our heels on the fender or on the mantel-piece, we could reach to our book-shelves and read the same things there at our extremest leisure and in undisturbed repose."

But I must not be understood as underrating the importance and value of the formal paper. I can conceive of no more pleasant work than to write a formal paper on the things I have learned from formal papers read before this Society during the eleven years I have been a member of it. I am only preparing you to excuse the extremely scrappy and disconnected character of the remarks with which I am about to trouble you. I have, therefore, thought it well to throw together a few notes on some rare, or, perhaps, otherwise interesting skin conditions, which I have met with in practice, since my return from Europe, a few weeks ago.

* Read at meeting of New Brunswick Medical Society, St. Stephen, July, 1898.

Lupus Erythematosus with Scrofuloderma.—The patient, a farmer of 47, had suffered from enlarged glands in the neck, and a general strumous diathesis ever since he was 21. About five years ago, while I was in general practice, he consulted me with reference to the skin trouble, but I, in common with other medical men whom he had seen, wholly overlooked the superficial disease, ascribing everything to the tuberculous complaint from which he had suffered so long. I now found the following condition: On the right ear were a half dozen or more small, very superficial, non-ulcerative processes, covered with a thin, but somewhat adherent scale, irregularly scattered along the whole edge of the helix, with one or two, of larger area, on the concha and middle portion of the antihelix. The lobule was almost entirely obliterated, nothing but a narrow rim of hard, atrophic scar-tissue remaining. The upper third of the antihelix also exhibited quite an extensive area of scar-tissue, ivory-white in color and of more than cartilaginous hardness. The left ear gave evidence of a similar condition having been present and of its having undergone involution some years ago.

The diagnosis was easy. It was only necessary to forget for the moment all about the scrofula and to look at the ear-lesions from an unbiased standpoint. The patient himself had it firmly impressed upon him that his whole trouble was due to scrofula, and in this he had been supported, as I have said, not only by myself, but by the other medical men whom he had seen. He therefore would hardly credit my statement that his ear-trouble was certainly a distinct disease and probably disassociated from his scrofula.

On this point Stelwagon says: "That he regards it as a chronic inflammation of the cutis, superinducing degeneration and atrophic changes." He wholly disregards the tubercle-bacillus as an etiological factor. Crocker says: "Some authors still regard it as a form of tubercular disease, and there are certainly some forms in which lupus vulgaris and lupus erythematosus seem to approach each other in clinical characters at all events, but no tubercle bacilli have ever been found, and attempts at inoculation of animals have always failed." With respect to its favorite location, Malcolm Morris says that it is invariably present on the ears, if anywhere, that it is generally symmetrical, and that negative evidence of its being present, or having been present in this situation, is almost conclusive proof of its absence everywhere.

The moral, I suppose, to be deduced from this case, is, that we must not rest satisfied in the diagonising an obvious and familiar disease,

unless we can trace all the conditions present, and all the results arising therefrom, to that disease. In consequence of disregarding this, the patient had been treated during his whole life solely as a scrofulous one, with very unsatisfactory, and indeed disastrous results.

Circumscribed Scleroderma.—Here the patient was a young man of 21, and had had this condition present for at least three years. It cannot be said that he suffered from it, as, he had only become aware of its presence through ocular observation.

The region affected consisted of an area of about three inches by two running parallel to the borders of the lower ribs, on the left side, just above the iliac crest. There was also another area on the outer aspect of the lower third of the thigh and upper two-thirds of the leg averaging about one and a half inches in breadth.

The lesions consisted of distinctly indurated patches of skin, smooth, hairless, of the color of old ivory, and bordered by more or less extensive violaceous coloured areas which gradually shaded off into the normal tissue. Over the whole of the affected region, the skin could, with a little difficulty, be pinched up, and did not possess the tightness or the "hide-bound" condition, so characteristic of the diffuse type of this disease. In short, it was, a well-marked case of circumscribed scleroderma, more commonly called morphœa, or as it was described by Addison, of King's, "keloid." The last is a very unfortunate term as the affection under consideration presents few or none of the characteristics of the true keloid. The latter is a fibro-cellular new growth of the corium, while the former, in nearly every instance is atrophic, more especially within the indurated area itself. In some cases the obstruction to the blood supply within the morphœic patch results in a pseudo new-growth around the edges, which may in a slight degree simulate the true keloid of Alibert. But, as Crocker says, "the latter is more vascular, harder and has claw-like processes, which will distinguish it, and it would never have a nerve distribution." I think there can be but little doubt that defective innervation is an important factor in its etiology. The case under consideration already exemplified this. The affected area on the trunk marked out, roughly, the distribution of the lateral cutaneous branches of the lower intercostal nerves, while the lower limb area comprised the region supplied by the cutaneous branches of the communicans peronei. The nerve element in the causation is more pronounced, apparently, when, as in this case, the affected parts appear in the form of bands rather than patches. In the latter form, it is reasonable to suppose, that the direct

causative agent is often some irritation, constriction, pressure or bruise; causing a local neuritis which may spread peripherally, and so become a patch, or, at least, an area not differing materially in any of its diameters. As regards treatment, as the case is still under observation, I am not in a position to pronounce definitely. But extract of thyroids appears to act beneficially, while externally, the only measure employed is gentle massage with olive oil.

Psoriasis.—Perhaps in the whole range of skin diseases, with the exception of eczema, there is no condition more frequently met with than this. And for this reason, probably, it is a disease that is easily recognized when appearing in its typical form, but it by no means always assumes this characteristic appearance. The case about to be considered was not typical.

The patient, a young man of 20, stated that he first noticed it four months previously, and that it had gradually gone on to its present condition, in which practically the whole surface was involved except the palms and soles.

It was a primary attack, and although he had been under treatment, it had, apparently, not been diagnosed. The lesions, as is generally the case, were most abundant on the extensor surfaces, particularly favoring the upper extremities, guttate spots appearing on the back of the wrists, and encroaching on the dorsal surfaces of the hands. These were the most recent outbreaks, but the older lesions were the most peculiar. They had, in the course of their peripheral extension, cleared up in the centre, and so presented nearly everywhere a series of circinate, and gyrate, and serpiginous forms, that looked, upon a cursory glance, exceedingly like the eruption of tinea circinata. Had they been confined to a limited area, and been absent from the face, one, without the history, might have been excused if he had pronounced it the parasitic disease. However, it was not itchy, he gave no history of contagion, it had enveloped the whole cutaneous surface including the face and scalp, and, above all, it had first appeared on the elbows and then on the knees. But none of these points are absolutely decisive, nor do they, taken together, point to a conclusive diagnosis. Other diseases, more especially syphilis, in its secondary or tertiary manifestations, in rare instances, fulfil all the above conditions. Yet, to pronounce a case of psoriasis, a syphilide, and treat it as such would be most damaging to the patient and disastrous to the physician.

We have really obtained the true clue to the correct diagnosis of psoriasis from the inimitable observation of the immortal Darwin, conducted in a field altogether outside that of medicine. His doctrine of "reversion to the formitive type" puts us upon the right track. We all know that a large class of animals, including man himself, in their early fœtal condition, are almost identical. The same may be said of an immense number of plants. Now, perhaps, I may be accused, and with some show of justice, of distorting this doctrine when I apply it to a case of psoriasis. But it is nevertheless true, every initial lesion of psoriasis, however varied its form may become later on, resembles its fellow at the beginning. It consists of a minute papule, covered with a thin, shining, silvery scale, quite closely adherent, and which, when picked off, discloses a dry surface beneath, studded with small, bright red dots, the apices of the hyperæmic papillæ. This, I think, is pathognomonic of psoriasis, no other disease presenting exactly this condition at any stage of its existence. Moreover, it is always possible to find these lesions, except when the disease is in the last stage of resolution, at which time, indeed, the importance of a correct diagnosis is reduced to a minimum.

Regarding treatment, we are all so familiar with it that it requires little notice. A mistake, however, which we are all apt to fall into, is to begin too vigorously. I would not like to say how many cases of conjunctivitis, and consequent dark rooms for a week, chrysarobin ointment is responsible for, and as for arsenic, it is by no means universally applicable. In the case noticed I gave an ointment of two drams of the oil of cade to the ounce, with 10 to 15 grains of salicin, two or three times daily, internally.

General Seborrhœa with Diabetic Pruritus.—There is certainly no condition more distressing to the patient, nor none more troublesome and unsatisfactory to the physician than an obstinate case of pruritus. The patient was a woman about 35, in good social position. About a year ago she began to complain of intense, and at first localized, itching, which she foolishly ascribed, for various reasons, to parasites. Whether she thought them animal or vegetable, I could not clearly make out, but the idea, of itself, caused her much distress, and served to aggravate her trouble.

On examination, it was found that she had an intense seborrhœa of the scalp, with the like condition present not only in the other hairy regions, but scattered in patches all over the body in its favorite

situations, as the sternal region, the interscapular area, the popliteal spaces, &c. Also distributed at irregular intervals over the face, the back of the neck, the trunk generally, but more especially over both buttocks, were a number of large papules, or more properly, nodules, with a broad base, slightly indurated dull, red in color, with the apices scraped off, leaving in many cases small excoriated surfaces behind. A strict search failed to find any recent nodules, the patient stating that as soon as they appeared the pruritus was so intense, that the only means of relief was to scrape off the top, which of course destroyed their characteristic appearance. The case, to me, was a puzzling one. Although the seborrhœa presented no difficulties, yet the peculiar character of the papules was such, that I was unable to place them under any head with which I was familiar. Of course we are all aware of the wonderful effects scratching, vigorous and long continued, will produce on a sensitive skin. Here, it was true, there did not lack evidence of prolonged irritation The skin of the abdomen above the pubic region was distinctly darkened, almost ichthyotic, and considerably thickened, a result wholly due, I did not doubt, to persistent scratching. Of course the seborrhœa of itself was sufficient to account for a moderate degree of pruritus, but when due to this disease, it is always evanescent, easily allayed, and only occurs when the skin is irritated by clothing, by injudicious applications, or when overheated. None of these things served to explain the present case. I was led to suspect the kidneys, from her statement that she occasionally suffered from "bladder trouble" as she expressed it. I found the urine of the specific gravity of 1034, without albumen, but containing a considerable quantity of sugar.

The indications for treatment were: (1.) To attend to the seborrhœa, which was undoubtedly no inconsiderable factor in the pruritus, (2.) to get control of the intensely irritated cutaneous nerve-endings, and (3.) having accomplished this, and won, in some degree the confidence of the patient, to eliminate the sugar from the system at leisure.

I think, in cases such as this, the policy of going gently to work at the outset cannot be too well borne in mind. It would have been, in my opinion, entirely useless to have placed the patient upon a rigid anti-diabetic diet at once, and told her to wait complacently for the kindly efforts of nature to give her relief. The result would have been disagreeable to the physician at any rate. What was demanded, and what, if possible, must be accorded, was relief of itching at once. And it was also altogether probable that no measures, however radical, would

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be successful, unless the irritated nerve-filaments were given a chance to calm down.

We owe to Bulkley, of New York, a suggestion in this line which has often proved useful, but which, I am afraid, has just as often proved a delusion and a snare. It is the same with this as with all anodynes. Because they relieve temporarily we are apt to rush to them upon every occasion, upon the slightest pretext, and above all, and worst of all, to depend upon them to cure the condition which they, at most, are only calculated to relieve. I refer to cannabis indica. This by its specific action on the terminal cutaneous nerves, has often, and in this case, acted happily. During this respite I was enabled to proceed to more radical measures, with the result that, in ten days, the s. g. of the morning urine had gone down to 1021, only a trace of sugar was present, the scalp was clean, the papules were being slowly absorbed, the skin had largely assumed its normal aspect, and the pruritus had almost wholly disappeared.

In conclusion, I would beg leave to enter a plea for a better consideration of cutaneous disease than has, perhaps, hitherto obtained amongst us.

The advance during the last few generations in the pathology, diagnosis and treatment of these troubles has been extraordinary. Learned members will agree with me when I say that it is not so very long ago that skin diseases were regarded either as an "an act of God" or as an "act of the devil." In fact they are largely so regarded by the laity yet. In the former category were those complaints which were thought to be incurable, and the sufferer was dismissed to go through life a victim of physical and mental anguish, and an object of aversion to his fellows. In the latter were those manifestations of disease which were supposed to be due to syphilis, and which were only too apt to be looked upon as a just punishment for the frailty of the flesh. But we now know that the number of skin lesions due to specific disease is exceedingly few, and that it would only be a novice indeed, in his profession, who would commit the unpardonable mistake of ascribing everything he did not quite understand to the specific complaint.

But, thanks to the labors of Hebra, Kaposi and Lassar of the continent, of Addison, Anderson, Fox and Crocker, of England, of Elliot and Duhring in America, and a host of other skilled and competent observers, we are in a position to approach the management of the troubles with the same confidence that we take in hand a case of acute lobar pneumonia or a simple fracture of the tibia.

SOME LEADING EUROPEAN GYNÆCOLOGISTS.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S. (Eng.), Montreal, Canada.

This letter will give a short description of what I saw at Leipsic and Brussels, and will conclude my series of three articles on the above topic.

Sanger of Leipsic is a man of about forty-five years of age and like all the great men I have seen over here, is a tremendous worker Although he is a titular professor of the university he has no beds at the public hospital, but he invited me to his private hospital No. 24 Kœnig Strasse, where he has twenty-five beds and attends rich and poor alike. He told me that he had had no death there since seven months, during which time he had performed two hundred and twenty operations, seventy of them being laparotomies, either vaginal or abdominal. He attributes his success to his very rigorous asepsis, he and all his nurses and assistants preparing their hands for twenty minutes before the operation. Since ten years he has been using coarse sand and soft soap for his hands, followed by alcohol and then sublimate water. He uses nothing but silk which is prepared as follows: 1st, it is boiled in 1-100 of washing soda to remove the dirt, and then in Bergman's solution, namely, 10 of sublimate, 200 of alcohol and 800 of water. It is then wound on little pieces of wood on which the size is marked and kept in sublimate alcohol. The patient is always shaved the day before and her skin is prepared with soap and water, ether and alcohol and sublimate. The preparation of the patient occupied three quarters of an hour. The assistant in charge of ligatures burned them instead of cutting them. The first operation was for the removal of a four pound fibroid by abdominal hysterectomy. He removed it with clamps very quickly and then tied each artery separately with No. 6 silk. He only crosses his first knot once. His hæmostasis is very perfect and he keeps on tying until the wound is absolutely dry. His method of sewing up the abdominal wound is peculiar; he passes silk sutures on two needles from within every centimetre apart, including the whole abdominal wall but only the very edge of the skin. Before tying them he put in another row of interrupted No. 3 silk sutures so as to bring the fascia

and muscles together exactly, and these remain permanently. Between the through-and-through stitches he placed superficial silk ones every half centimetre so that they were very close together. The wound was then covered with a light strip of iodoform gauze and covered with a large strip of plaster very carefully sealed. Next day he did a precisely similar operation. He takes about one hundred minutes to do the operation, being the most careful man I have yet seen. Ether was the anæsthetic used and the inhaler was a large wire mask covered with rubber, completely covering the face so that a comparatively small quantity was employed. As the patient was only 26 years of age he left one ovary and tube in the peritoneal cavity so as to prevent her from having the nerve storms of the artificial menopause. The third morning he removed a hernial sac from the left inguinal canal, which contained a rudimentary uterus, a tumor of the right tube and ovary and a rudimentary left tube. This was a very rare case, there being only a few on record. The fourth morning he performed implantation of the ureter into the bladder. I was fortunate in seeing this operation, as this was only the third time that it has been done in Germany, once by Wurtzel and once by another operator whose name I forget, although it has been done in America several times, I think by Boldt of New York. On opening the abdomen he found that she had closed tubes and that one ovary contained a large cyst. He cut out the cyst and left the rest of the ovary, after carefully sewing up the flaps with fine interrupted silk ligatures. He opened up the closed tubes by cutting off the fimbriæ and sewing the mucous to the peritoneal edge, so as to make a new pavilion. The patient, who was a young woman, had had a very severe first confinement, during which the uterus and ureter were torn across and when they healed there was a utero-ureteral fistula and her urine poured constantly from the cervical canal. Sanger began by cutting the ureter off level with the uterus after putting a temporary ligature on it. He then sewed up the hole in the uterus, after which he dissected out the ureter from its original home beside the iliac artery until he had it free to a distance of six inches. He then closed the long opening in the peritoneum after which he threaded the ureter attached to a bodkin, so to speak, between the peritoneum and abdominal wall into the top of the bladder, where he carefully stitched it. I have since heard that the operation was a perfect success. I was perfectly delighted with the few mornings I spent with Sanger, and I have no hesitation in classing him among the world's gynæcologists of the first rank.

ZWEIFEL of Leipsic is the *geheimrath* or chief professor of gynæcology, and has a large number of beds in the public hospital for women, which is a large and beautiful building. He is about sixty-five years of age. I saw him perform a very difficult operation for vesico-vaginal fistula in a woman who had had hysterectomy several years before in another city. As the day was dark he used a very nice electric head light supplied from the street current. The nurses did all the shaving and scrubbing in the operating-room while assistants were getting ready. As it was high up he had the greatest diffiulty in paring the edges, and in passing the ligatures and then he found that in paring the fistula he had opened into the peritoneal cavity. He at once without rising from his seat made a nine-inch incision in the abdomen, and instead of using Trendelenburg's posture to get the intestines out of the way, an assistant took the bowels out of the abdomen and held them back so as to give him room and in this he had great difficulty. As Leipsic is Trendelenburg's town, I was surprised to see aynone in Leipsic open the abdomen with the patient horizontal. He finally succeeded in closing the fistula so that it stood the test that the bladder being distended with water none escaped either into the peritoneum or into the vagina. He closed the abdominal incision with one layer of catgut for the peritoneum, a second for the fascia, and a third for the skin, with a sort of sewing-machine lock stitch, with two needles, which I had never seen elsewhere, and which made a very fine union of the skin. His assistant then operated on a ventral hernia which had followed laparotomy. As he did not employ Trendelenburg's position he had a good deal of difficulty in keeping the bowels in. I saw a very interesting operation performed by Dr. Georgi, Trendelenburg's assistant. It was a colotomy for cancer of the rectum and uterus, and instead of opening the colon in the inguinal region, he made a median incision near the epigastrium and drew the transverse colon out two or three inches and sewed it there. Then he made another incision two or three inches to the left of the first, but only through the skin. The loop of intestines was passed under the skin and brought out of the second incision and carefully stitched there. The first incision was carefully closed and sealed with collodion, after which the bowel was opened at the second incision and the mucous membrane secured to the skin, when the pent up fæcus poured out. By this ingenious operation invented by Winzel and Van Hackar of Innsbruck, perfect control of the artificial anus is obtained, simply by putting a pad over the colon

as it passes under the skin, and the patient can have one or two evacuations a day.

Trendelenburg of Leipsic.—Although not a gynæcologist, yet he has next to Leister, done more for gynæcological surgery than any other man living, and I made him a visit especially to tell him that we thought of him and thanked him every time we did an abdominal hysterectomy or other piece of difficult pelvic surgery. Those of my readers who have never seen a bad pair of pus tubes removed in the pre-Trendelenburg days can have no idea of the misery which the operator endured, nor of the danger to which the patient was exposed. As the work was all done in the dark, the intestines were often torn or infected without our knowing it, or some little artery would be steadily pumping into the peritoneum without being seen. Now all that is changed; the intestines are out of the way, and we cover them with sterilized towels, and we have a large well-lighted space to work in so that we tie every oozing point until the peritoneum is perfectly dry and clean. As I did not see any nice table there it would be quite appropriate if the abdominal surgeons of America were to present him with a solid silver Trendelenburg table. I attended one of his clinics at which there were over a hundred students presents, and it was easy to see how much he was beloved by them. He is a man of over fifty, but of exceeding modest appearance, and as he called batches of students down to the arena to examine the patients who were wheeled in, he gave each one the marks he had earned.

Jacobs of Brussels, although only thirty-five years of age, has by his enormous industry reached one of the highest positions in Europe. I am told that he is not connected with the university, the position of professor of gynæcology there being held by a military surgeon; nor has he any beds at any of the public hospitals of Brussels; but he has forty-five beds at his own private hospital which is the most beautiful I have yet seen either in Europe or America, and its cost being over a hundred thousand dollars. The nurses are Catholic sisters. He has opened the abdomen by the vagina, mostly for hysterectomy, seven hundred times, with a death rate of less than two per cent., and he has performed over one hundred abdominal laparotomies for removal of the uterus and appendages with less than two per cent of deaths. His method of disinfection is peculiarly his own, so I will describe it: 1st. he scrubs the patient with green soap dissolved in alcohol, and shaves

her himself. If the operation is a vaginal one then he uses a sponge on a holder to scrub the vagina. The field of operation is then scrubbed with equal parts of saturated solution of carbonate of ammonia and biborate of soda. He then scrubs with alcohol, then with two per cent. of formaline. The first morning he did a perineorrhaphy, taking a great deal of time to it, but doing it beautifully, using black silk for most of the stitches, only three of them being of silk-worm gut. The stitches were only one-eighth of an inch apart. He then sealed the wound with alternate layers of iodoform and collodion, so that it was quite air and water-proof. He obtains his silk from a Bordeaux chemist, already sterilized, wound on glass tubes and enclosed in other tubes sealed with a rubber band. The Bordeaux firm buys it from a Philadelphia firm, which in turn buys it from an English firm, which in turn obtains it from China. He has also the daintiest operating-room I have ever seen, all the tables being of polished brass and plate-glass. Next day he removed the uterus, tubes and ovaries by the abdomen for double pyosalpinx, an ovarian cyst and a fibroid tumor. One peculiarity about his method is that he cuts first and ties only the vessels which spurt as he goes along, his object being to put four or six ligatures at the most on the isolated arteries and not on the nerves. And this reminds me of his answer to the important question which was the main object of my visit to Brussels. Why, I asked, did he abandon vaginal hysterectomy with clamps in which he had become so wonderfully successful? Because, he said, with the clamps you compress the nerves and cause the woman so much suffering for two days that it takes her two weeks to get over it, while if you tie only the arteries and close up the peritoneum, she will be practically well the next day. In this case, as the tubes were adherent to the whole anterior surface of the rectum, he carefully detached this with scissors until he had entirely freed the two large tubes as thick as sausages. He then removed them in one piece with the uterus at the level of the internal os, and cauterized the cervical canal, and sewed the two flaps of the cervix together. The denuded rectum was cleverly covered by sewing the anterior flap to it. He had the fewest assistants I have yet seen, one of them being dispensed with by using an abdominal speculum or retractor at the lower end of the incision, and this was held tightly drawn down by having a chain and a weight attached to it, and he did not have any side holders. In closing the abdomen he used thin buried silk worm gut for the peritoneum and fascia, and larger ones for the fat and skin, and he dressed it with

plain, dry sterilized gauze; but this was covered most thoroughly with diachylon plaster, several layers, each piece overlapping the other. He was very careful and took nearly two hours to the operation, chloroform being used; he tells me that he considers half an hour more of no consequence compared with the importance of thorough hæmostasis. Like Sanger, he brings the skin sutures very near the edge of the wound.

Next day he removed an ovary and tube from a young woman, although he told me that his experience with conservative surgery was far from satisfactory. In cases in which he had cut out the half of an ovary they had suffered for many years afterwards from cicatricial contraction in the portion that was left; while in cases in which he had removed the uterus for fibroid, leaving the ovaries, the latter had within two years completely atrophied, Moreover, he said that since we had ovarian extract at our command, we no longer have anything to fear from the artificial menopause. To every woman in whom this occurs he gives extract of cow's ovaries every morning in a glass of port wine, which makes it so palatable that they do not know they are taking it. He says he has even cured insanity with it. The next day he removed tubes and ovaries from a woman whose peritoneum was covered with miliary tubercle which he said he had several times seen cured by laparotomy. He allows his patients to eat heartily the day before the operation, but not for several days after; he does not fear distension of the bowels which he says always means sepsis. He never gives strychnine, but gives them plenty of morphine if they are in pain. He thinks that the high death-rate of certain celebrated operators is due to their working at such great speed that rigorous asepsis is impossible. Next day he removed a cancerous uterus by the abdomen, first getting rid of the appendages and fundus down to the internal os. He then split the cervix down the middle so as to get his left fore-finger into the vagina, previously stuffed with sublimate gauze, rendering the removal of the cervix very easy, as he had only to cut it all around as it lay on his finger, at the same time feeling if the vagina was infiltrated. He also feels if there are infected glands in the broad ligament and removes them. In all his work Jacobs is an artist, using his knife like a paint-brush, while in his plastic work one would think he was sketching with a pencil. I had the pleasure of spending an evening with him at his palatial residence, 53 Boulevard Waterloo, full of rare works of art, and was astonished to see him and one of his assistants sit down at two pianos and play Wagner's most difficult pieces at sight, while another sang. This concludes my series of three articles and I trust that my effort to share the priceless privilege I have enjoyed of seeing these great men at work will be appreciated by those who cannot get away and who must see these things through the eyes of others.

Clinical Report.

OPERATION FOR REMOVING APPENDIX AFTER RECURRENT APPENDICITIS.

By W. H. Battle, F. R. C. S., St. Thomas's Hospital, London.
Reported by F. W. Goodwin, M. D., Halifax.

The patient was a policeman, aged 26. He had had three attacks of appendicitis. He had recovered from the last attack only a few weeks before. Being invalided so often, he was in danger of losing his position on the police force and therefore sought a radical cure.

The surgeon made an incision over McBurney's point diagonally towards and extending over the rectus muscle. The anterior part of the sheath of the rectus was then opened and the muscle pushed aside towards median line. The posterior part of the sheath having been divided, the appendix was found easily. A flat sponge was placed in the peritoneal cavity about the wound. The surgeon then dissected off the mesentery from the appendix, tying vessels as he proceeded. The peritoneum and submucous tissue were then stripped down from the appendix and a ligature applied over its root. The organ was then amputated and the stump touched with pure carbolic acid. The peritoneum was sewed together over the stump. The back parts of the sheath of rectus were then brought together and stitched with interrupted sutures. The rectus was then brought back into position and the front part of its sheath also united with interrupted sutures.

Mr. Battle thinks interrupted sutures better, because if suppuration occurs after a continuous suture is used, the whole would have to be withdrawn.

The appendix was found to be in a catarrhal state, one part being thickened and its calibre narrowed.

Mr. Battle told me he adopted the above-mentioned procedure with reference to the rectus muscle to prevent the weakening of the abdominal wall, which might otherwise result.

The patient walked into the out-patients' clinic twelve days after the operation, apparently all right.

THE

MARITIME MEDICAL NEWS.

VOL. X. NOVEMBER, 1898. No. 11.

Editorial.

INTERPROVINCIAL REGISTRATION.

In our last issue we gave a brief account of the steps taken at the last meeting of the Canadian Medical Association at Quebec to forward the scheme of inter-provincial reciprocity. A hope was expressed that prompt action would be taken in Nova Scotia to join heartily in the movement. We have great pleasure therefore in announcing that at the last meeting of the Medical Board of Nova Scotia, resolutions approving of the scheme submitted at Quebec were adopted after a full discussion of the subject, and that a large committee was appointed to study the details of the scheme and to prepare such amendments of the Medical Act as may be necessary to carry out the project.

The amendments will be presented at the approaching session of the Legislature, and although some opposition is feared, there is a strong conviction that they will finally be adopted.

Quite recently we have learned that a communication has been received by the Registrar of Nova Scotia from the Medical Board of New Brunswick, intimating the intention of that body to withdraw from the reciprocal scheme of registration agreed upon in 1894 by the provinces of Nova Scotia, New Brunswick and Prince Edward Island.

We are not fully conversant with the reasons which led the New Brunswick Board to take what will be generally regarded as a retrograde step. It is said that some circumstances in connection with registration have led to the trouble.

A candidate applied for registration in New Brunswick, but failed to pass a satisfactory professional examination, although qualified in all other respects. Subsequently the candidate made a similar application

in Nova Scotia, and as the Board could not legally demand a professional examination, registration was obtained. The candidate then sought to take advantage of the reciprocal agreement and again applied for registration in New Brunswick, with what result we have not learned.

At all events it would seem as if the Medical Board of New Brunswick would prefer to lose the advantage of reciprocity rather than be compelled to register candidates that they deem unqualified for practice.

The registration of the candidate in question by the Nova Scotia Board, with a knowledge of the facts which had transpired in New Brunswick, strikes any one, in the absence of explanation, as an offensive proceeding and one that would fully warrant reprisal.

The Nova Scotia Board is wholly blameless in the matter, however, as the candidate in question was exempted from the requirements of the reciprocal treaty, having commenced the study of medicine prior to Jan 1st, 1895, and thus could take advantage of the old conditions which were required for registration in Nova Scotia, and which did not require a professional examination.

There may be other reasons than the alleged one influencing the determination of the New Brunswick Medical Board, and until the whole correspondence on this subject is published, it would be safer not to express any judgment.

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Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

President Dr. G. A. B. Addy, in the chair.

Sept. 7.—A paper was read by the President on the "Diagnosis and Treatment of Typhoid Fever." Reference was made in detail to Widal's serum test, and his method was demonstrated. The various modes of treatment were fully discussed.

Sept. 21.—Dr. W. L. Ellis exhibited the abdominal viscera of a man aged sixty. The stomach, intestines and mesentery were much thickened. The peritoneal surface was dotted with tubercles; microscopic examination did not show the presence of tubercle bacilli or giant cells and the condition was considered a chronic inflammatory one. There were numerous ulcers in the intestines, and the kidneys and liver were cirrhotic.

Dr. T. D. Walker showed an ovarian tumour removed from a patient aged 45; it was associated with a large amount of ascitic fluid, which occasionally escaped by way of the unbilicus.

A paper was read by Dr. J. H. Scammell on the changes in the new British Pharmacopœia, and pointed out the importance of one standard being employed. A committee was appointed by the Society to confer with the Pharmaceutical Society in reference to the matter. Dr. Scammell also read the notes of an obscure abdominal case, and of a case of acute anterior polio-myelitis.

Sept. 28.—Specimens of pus tubes were shown by Dr. T. D. Walker. A paper on "Acute Glaucoma" was read by Dr. J. R. McIntosh. The causes, pathology and treatment were described.

Oct. 5.—Dr. Ellis exhibited an infarct of the mesentery and intestine with perforation of the latter.

A paper on "Treatment of Sciatica," was read by Dr. S. Skinner, which will appear in the News.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The eighth annual meeting of the American Electro-Therapeutic Association was held in the rooms of the Society of Natural Sciences, Library Building, Buffalo, N. Y., on September 13, 14 and 15, 1898, under the presidency of Dr. Charles Rea Dickson of Toronto, Ontario.

After the meeting had been called to order by the president at 10 a. m, an opening prayer was offered by Rev. Orin P. Gifford, after which a brief business session was held, the report of the Executive Council presented, and the privileges of the floor accorded to all members of the medical profession and guests.

Dr. Conrad Diehl, Mayor of Buffalo, welcomed the Association to the city: Dr. Francis B. Bishop, of Washington, D. C., responded to the address of welcome.

(It has been found necessary to condense the report of this most successful meeting, and therefore some of the most able papers read must be left unnoticed.)

The first paper by an honorary fellow of the Association, Dr. Georges Apostoli of Paris, France, on "New Uses of the Undulatory Current in Gynæcology," was read by Dr. G. Betton Massey of Philadelphia.

"Electricity in the Treatment of Uterine Fibromata," by. Dr. Felice La Torre of Rome, Italy, honorary fellow, was read by Dr. John Gerin, of Auburn, Secretary of the Association. "Electro-Therapeutics in Gynæcology," by Drs. Georges Gautier and J. Larat, honorary fellows, of Paris, France, was read by Dr. Dickson, president of the Association.

Dr. W. H. White of Boston, read a paper by Dr. Adelstan de Martigny of Montreal, on "Treatment of Menorrhagia by Weak Current and Silver Internal Electrode."

On the second day an executive session of the Association was held from 9 to 10 a. m., President Charles Rea Dickson of Toronto in the chair.

The report of the executive council on the revision of the constitution and bye-laws was adopted, making some important changes in the governing rules of the association.

When the scientific session opened at 10 o'clock, the first paper was presented by Dr. Lucien Howe of Buffalo, whose subject was "The Method for Using Cataphoresis in Certain Forms of Conjunctival

Inflammation." Dr. Howe illustrated his remarks by means of a number of his patients. His paper was received with great interest, and a lengthy discussion followed. Many questions were asked Dr. Howe concerning his methods of treatment.

Dr. Robert Newman of New York presented an able paper on "Electricity in Deafness and Stricture of the Eustachian Tube." In his address, Dr. Newman rehearsed the history of a peculiar case which came under his professional care. He also cited a number of other cases, which had been reported by other physicians.

The discussion which followed Dr. Newman's paper was led by Dr. Howe, followed by Dr. A. D. Rockwell of New York.

Dr. Howe presented to the association a message of regret from Dr. John O. Roe of Rochester, N. Y., who was called out of the country on business and was therefore unable to present his paper on "the Use of Electricity in Diseases of the Nose and Throat."

Dr. Grover W. Wende of Buffalo, read a paper on "Electricity in Acne Vulgaris and Acne Rosacea."

Dr. G. Betton Massey of Philadelphia led the discussion of Dr. Wende's paper, followed by Dr. Margaret A. Cleaves of New York.

Dr. William C. Krauss of Buffalo being ill and under a physician's care, was unable to present the paper set down for him, "A Case of Lightning Stroke without Serious Consequences;" it was read by title.

Dr. G. Sterling Ryerson of Toronto, was introduced by President Dickson and spoke briefly, on "Cases of Lightning Stroke causing Diseases of the Eye," giving a number of instances of the effect of lightning, in which the results were not permanently serious.

Dr. Francis B. Bishop of Washington presented a paper on "High Tension Current in Neuritis," which gave rise to much discussion.

The final paper of the morning session was by Dr. Charles Rea Dickson on "Electricity in the Treatment of Goitre."

At 1 o'clock the Association adjourned until 2 p. m. Upon re-assembling President Dickson delivered his annual address, a part of which is as follows:

"For many years past those who are interested in the various branches of this wondrous subject, electricity, have turned to Buffalo, and it has been the Mecca of the Electric Pilgrims. On its outskirts the wildest dreams of the Arabian Knights have been outdone. Science, ever triumphing over nature, has harnessed that most beautiful of all nature's handiwork, and as though by the subtle touch of the wand of a

magician, the very country has been transformed and solitary fields have become veritable hives of human industry, the outcome of the mighty power of Niagara transformed and transmitted. Massive factories are seen on every side where but a few short years ago were found naught but vacant lots. To us, witnessing it for the first time, it is a milestone of progress, illustrating man's ingenuity, the triumph of his brain. Buffalo is truly the electrical city of the age.

"Surgery," said Dr. Dickson further on in his address, "is being divided and sub-divided until at one time we feared that we were to be confronted with an appendix surgeon. Our patients are reaping the benefit of all this."

After giving briefly a history of the association, its growth, the reasons for its existence and the manner in which its work was carried on, Dr. Dickson concluded his exceedingly interesting address as follows:

"A rock we must avoid is that on which many a stronger society than our own has come to grief, the clique. And the furtherance of personal ambition or personal designs must be shunned."

Many suggestions embodied in the address were referred to the executive council of the association.

Many Buffalo physicians attended the afternoon meeting. The programme was made up of a serious of Ten-minute Talks on Electro-Therapy. In a brief introduction the president explained the purpose and scope of the Talks which had been prepared for the special benefit of the busy practitioner, technicalities and details being avoided as far as possible, it being intended that the Talks should be suggestive rather than exhaustive.

Dr. G. Betton Massey of Philadelphia presented "The Galvanic Current in Gynæcology." "Surgical Uses of Electricity" was the subject of a paper by Dr. Charles Rea Dickson, president of the association.

Next on the programme was a paper by Dr. G. Herbert Burnham of Toronto on, "Combined Use of Medicinal and Electrical Treatment in Some Affections of The Eye;" read by title.

Dr. Robert Newman of New York presented "Electricity in Genito-Urinary Diseases." Dr. G. Betton Massey spoke on "Treatment of Malignant Growths by Means of Electricity."

Dr. Louis A. Weigel of Rochester, on "Orthopædic Uses of Electricity." was followed by Dr. Rockwell on the "Functional Neuroses with Special Reference to Neurasthenia, their Pathology and Treatment."

Dr. Wm. J. Herman's paper "Electricity in Disease of the Nervous System" was read by title.

The association adjourned at 4.30 p. m.

A short business session was held from 8 to 9 p. m., at which the following officers were elected:

President.—Dr. Francis B. Bishop of Washington.

First Vice-President.—Dr. Ernest Wende of Buffalo.

Second Vice-President.—Dr. W. H. White of Boston.

Secretary.—Dr. John Gerin of Auburn.

Treasurer.—Dr. Richard J. Nunn of Savannah, Ga.

Executive Council.—Dr. Robert Newman of New York and Dr. G. Betton Massey of Philadelphia, three years; Dr. A D. Rockwell and Dr. William J. Morton of New York, two years; Dr. Charles B. Dickson of Toronto and Dr. Frederick Schavoir, of Stamford, Conn., one year. Washington was selected for the convention next year, to be held September 19-21, 1899.

On the third day an executive session was held at 9 o'clock, President Charles Rea Dickson of Toronto in the chair. A resolution was passed urging upon colleges and medical schools the necessity of establishing chairs for the teaching of electro-therapeutics, or if that is not at once practicable. that more time be devoted to the teaching of this very important branch: and that the matter be more fully urged upon the attention of the Associations of Medical Colleges. Many new members were elected, and the customary votes of thanks passed.

The congratulations of the American Electro-Therapeutic Association were extended to the University of Buffalo for its progression in establishing a chair of electro-therapeutics in the medical college.

A general vote of thanks was also adopted, expressing the association's deep appreciation of the courtesy and hospitality extended to the members during the convention in Buffalo.

At 10 o'clock the executive session adjourned and President Dickson called the scientific session to order. The first two papers on the programme were read by title. They were both by Drs. Georges Gautier and J. Larat, of Paris, France, the first on "The Hydro-Electric Bath with Sinusoidal Current in Disease, the second on "The Use of Hot Air and Light Bath in Disease."

Mr. John J. Carty of New York, a well-known electrical engineer, gave a paper on "Some Suggestions on the Possibilities of

Cataphoresis." Mr. Carty gave a short, practical talk, which was very interesting.

Then came a paper by Nikola Tesla. The paper was read by Dr. White of Boston. The subject was "A High Frequency Oscillator for Electro-Therapeutic Purposes." It was received with the closest attention and was one of the most interesting papers presented during the convention. Mr. Tesla's paper was the last read before the association the remainder of those on the programme being read by title.

Dr. Newman of New York and Dr. Nunn of Savannah, Ga., were appointed a committee by the president to conduct the president-elect, Dr. Bishop of Washington, to the chair. Before turning over to his successor the gavel and other insignia of office, Dr. Dickson took occasion to thank the association for its kindness and courtesy to him during his term of office. His little speech was very graceful and sincere, and was received with hearty demonstrations of approval.

Dr. Bishop spoke of the pleasure it afforded him to take the first place in the association, at the head of the governing body. He said that he deeply appreciated the honor that had been shown him and asked for the hearty co-operation and help of all the members.

Shortly after noon the new president of the association declared the eighth annual convention of the American Electro-Therapeutic Association closed.

The social side of the meeting was by no means neglected, Dr. Ernest Wende, Health Commissioner of Buffalo, had charge of the local arrangements for the comfort, convenience and entertainment of the visitors, and too much praise cannot be accorded for the manner in which his plans were carried out.

A public reception in honor of the members was held on Tuesday evening, 13th, in Alumni Hall, University of Buffalo building, which was largely attended, many medical men of Buffalo being present.

The duties of chairman were performed by the President of the Association, Dr. Charles Rea Dickson, of Toronto, who made a few remarks, in which he spoke of the fraternal feeling existing between the two great English-speaking nations at the present time. Dr. Henry R. Hopkins, of Buffalo, a member of the local committee on arrangements, spoke of the earnest work of the medical men in this country. Dr. Robert Newman, of New York, made a brief address, as did Dr. G. Sterling Ryerson of Toronto.

Rev. O. P. Gifford, D. D., pastor of the Delaware Avenue Baptist Church, in the course of a most amusing address, said that he knew of no other two professions so closely allied as the ministry and medicine. "When you succeed," said he, "we profit by your success. When you fail, we bury your errors."

On Wednesday afternoon on adjournment, a special car was in waiting at the door of the place of meeting, and accompanied by Mayor Diehl a visit was made to the power house of the Buffalo Railway Co. Great interest was manifested in the plant, and in the storage batteries, which are the largest in the world. On completion of the visit, the members returned to headquarters at the Hotel Iroquois by special car and tally-ho coach.

Dr. Lucien Howe entertained the men of the association in the evening at the conclusion of the business meeting. A smoker was given at Dr. Howe's home, corner of Delaware avenue and Huron street, which was largely attended.

Thursday afternoon was devoted to an excursion and reception under the direction of the local committee of arrangements. The "Huntress" left the foot of Ferry street at 2.30 o'clock, taking the members of the association down Niagara river to Navy and Buckhorn Islands and the site of the Pan-American Exhibition, then to the Island Club, where a reception was held, followed by a dinner. The return trip was arranged to get the members back to Buffalo before 9 o'clock.

On reaching the city the majority of the members proceeded to Niagara Falls, N. Y., direct, the International Hotel being headquarters.

On Friday morning the view was obtained from the celebrated Steel Observation Tower, the party next took the Niagara Falls Park and River R. R., crossing by the new steel arch trolley bridge— the greatest steel arch bridge in the world—going first to Chippewa and then to Queenston, crossing by ferry to Lewiston, N. Y., and returning to Niagara Falls by Niagara and Lewiston R. R.

After lunch the members were conducted over the Power House of Niagara Falls Power Co., by Coleman Sellers, E. D., President and Chief Engineer, who made the visit most interesting and instructive. On return to the hotel a meeting was held and Dr. C. R. Dickson was requested to convey to Dr. Sellers the thanks of the Association for his courtesy. A very enjoyable trip was next taken on the "Maid of the Mist," after which most of the members left for their respective homes. Those who remained visited on Saturday morning Power Station No.

of the Niagara Falls Hydraulic Power and Manufacturing Co., and were conducted over it by the chief electrician who fully explained all the wonderful appliances.

In addition to the many other provisions for the entertainment of their visitors the Committee on Arrangements provided tally-ho coaches which made tours on Tuesday afternoon and Wednesday morning and afternoon leaving from the Library building; members were also invited to enjoy bird's-eye views of the city from the roof of the Guarantee Building, Church Street, the tallest building in Buffalo; and to visit the collections of the Society of the Natural Sciences, Historical Society, and the Gallery of Fine Arts, in the Library Building in which the meetings were held.

Very handsome badges were prepared for the members and officers by the local committee. For members the badges were of bronze and for officers, of gold. A buffalo formed the pin from which depended by a ribbon a triangular pendant, bearing the name of the association, the date, and the name of the convention city. The ribbon for officers was yellow, that of members, red.

A most interesting exhibition of electrical apparatus for diagnostic, therapeutic and radiographic purposes was held in the room adjoining the meeting hall, and was a very popular feature of the meeting.

The eighth annual meeting was universally conceded the most successful and enjoyable that has ever been held, and the prospects for the association were never brighter or more encouraging. Arrangements are already in progress for the Washington meeting.

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POSTPONEMENT OF THE THIRD PAN-AMERICAN MEDICAL CONGRESS.

INTERNATIONAL EXECUTIVE COMMISSION OF THE PAN AMERICAN MEDICAL CONGRESS.
OFFICE OF THE SECRETARY.

Cincinnati, Nov. 5th, 1898.

MY DEAR SIR:

I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the III Pan American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand:

Caracas, September 25, 1898.

DR. CHARLES A. L. REED,

Secretary of the International Executive Commission, Cincinnati, Ohio.

DEAR SIR:

After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by smallpox which has taken up all our physician's activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic, would greatly enterfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor,

Yours respectfully,
THE PRESIDENT.

[Signed] DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III Pan American Medical Congress is hereby postposed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED,
Secretary.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

The annual meeting of the Nova Scotia Branch of the British Medical Association was held on Thursday evening, Nov. 10th, at the Halifax Hotel.

The following officers were elected for the ensuing year :—

President—Dr. Murdoch Chisholm.
Vice-President—Dr. E. A. Kirkpatrick, (re-elected.)
Treasurer—Dr. M. A. B. Smith, (re-elected.)
Secretary—Dr. F. W. Goodwin.
Council—Surgeon-Col. McWatters, Drs. G. M. Campbell, Ross, Jones, Walsh, Kirkpatrick and Murray.
Representative on General Council—Surg.-Gen. O'Dwyer.

The president elect, Dr. Chisholm, on taking the chair was called upon for a speech.

In a short address he thanked the members present for the honor conferred upon him.

On motion the night of meeting was changed for the future to Wednesday.

Dr. Farrell moved that a vote of thanks be tendered to Dr. Jones, who declined to accept again the position of Secretary owing to pressure of other work. Dr. Jones' services proved very efficient during the six years he filled that office. He had taken full and copious notes of all the proceedings and scientific work. Dr. Farrell believed he voiced the opinion of the meeting when he said that the great success of the branch was largely due to the efforts of Dr. Jones.

Dr. Trenaman seconded the motion and emphasized the remarks made by Dr. Farrell.

The motion was then heartily and unanimously passed and tendered to Dr. Jones by the President.

Dr. Jones feelingly replied.

The meeting then adjourned.

Matters Personal and Impersonal.

We understand that Dr. G. L Sinclair will shortly be in a position to receive in consultation cases afflicted with any disease of the mind or nervous system. Dr. Sinclair's well-known ability and long experience at the Nova Scotia Hospital for the Insane should earn for him the hearty co-operation of his medical confreres.

Dr. E. A. Kirkpatrick has recently been appointed oculist and aurist to the Victoria General Hospital in place of Dr. Wm. Tobin, who resigned after ably filling the position for the past eight years.

Dr. H. D. Weaver is another new-comer in our midst and has begun practice on Pleasant St. Dr. Weaver is a graduate of the University of Toronto, and formerly practised in Albert, N. B.

The marriage took place at "Bellevue," Port Hood, on the 20th ult., of Dr. John McKenzie, of Port Mulgrave, to May, daughter of Edward D. Tremaine Esq., Judge of Probate. The ceremony was performed by Rev. Geo. Howcroft, M. A. The NEWS extends congratulations and every wish for their future happiness.

Dr. George N. Murphy, late of Yarmouth, recently sailed for Hamilton, Bermuda, where he intends practising his profession as a specialist in diseases of the eye, ear, nose and throat.

Dr. J. F. Macdonald, of Hopewell, is back again after a pleasant trip to the western part of the Dominion, during which he visited the chief centres in Manitoba and British Columbia. While driving near Kamloops with his brother-in-law, Rev. Mr. Murray, also a Nova Scotian, Dr. Macdonald had a miraculous escape from being seriously hurt. The carriage upset and the doctor thrown out, one of his arms being fractured. Rev. Mr. Murray was thrown over a precipice, only saving himself from falling into the lake below by clutching at some bushes on the bank. We are pleased to know that both were preserved from more serious injury.

Dr. L. J. O'Shaughnessy, a graduate of McGill, has opened an office on Agricola St.

Dr. J. G. McDougall, formerly house physician at the Royal Victoria Hospital, Montreal, and winner of the Holmes gold medal in his graduating year, is now practising in Amherst. Dr. McDougall is already enjoying a considerable proportion of patronage in that town.

Dr. R. A. Brehm, who received his degree in medicine from Dalhousie University last April, is now taking a post-graduate course at St. Thomas's Hospital, London.

Dr. N. E. McKay, recently received the appointment of quarantine physician to the port of Halifax, the vacancy being caused by the resignation of Dr. W. N. Wickwire, who satisfactorily discharged the duties of that office for nearly thirty years. Judging from the great energy with which Dr. McKay is endowed, we can naturally infer that he will make a faithful officer. Dr. Carleton Jones has been appointed assistant port physician. For over two years Dr. Jones has attended to nearly all the quarantine duties and discharged them in a very satisfactory manner. With two such officials the chance of any disease from an infected ship spreading in this city will be reduced to a minimum.

Dr. Jas. Ross has been appointed on the staff of the Victoria General Hospital, and will have under his care the department of dermatology.

Obituary.

Dr. John M. Jonah—The death occurrrd on the 5th inst., at Eastport, Maine, of Dr. John M. Jonah, after a lingering illness. Dr. Jonah was born in Hillsboro, N. B., in 1832, graduated from Harvard Medical School in 1860, and had practised at Eastport for thirty years. He was a member of the Maine, New Brunswick, Maritime and Canadian Medical associations, was a Mason and Pythian, and a zealous promoter of temperance. A wife, two sons and two daughters survive. He attended several of the meetings of the Maritime Medical Association, when his genial manner won him hosts of friends.

Book Reviews.

A Primer of Psychology and Mental Disease for use in Training-Schools for Attendants and in Medical Classes.—By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second Edition, Thoroughly Revised. $5\frac{1}{2}$ x $7\frac{3}{4}$ inches. Pages ix–116. Extra Cloth, $1.00 net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 219–220 S. Clark St., Chicago, Ill. For sale in Great Britain by Sampson Low, Marston & Company, St. Dunstan's House, Fleet St., London, E. C.

Dr. Burr's little book deserves a much more extended notice than our space will allow. Although it professes to be for use in training-schools and medical classes, it will also be found useful to those in the medical profession who are unable to find time for study of the larger texts on mental disease. The first part of the book is devoted to psychology. The faculties of the mind—thinking, feeling, acting—are briefly discussed. Under the head of thinking, the development of mind is considered the receipt of knowledge through the senses, and the significance of sensation, perception, memory, ideation, reasoning and judgment. In the second part, insanity is dealt with, and each type is compared with the normal in respect to each faculty. Part three deals with hygienic and moral treatment of alienated states. Of course the book is not pretended as a text, but there is no doubt that it will prove valuable to the classes which we have indicated.

Practical Uranalysis and Urinary Diagnosis: A Manual for the Use of Physicians, Surgeons and Students.—By Charles W. Purdy, M. D., L. L. D., (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." Fourth, Revised Edition. With Numerous Illustrations, including Photo. engravings and Colored Plates. In one Crown Octavo Volume, 365 pages, bound in Extra Cloth, $2.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill. For sale in Great Britain by Sampson Low, Marston & Co., St. Dunstan's House, Fleet St., London, E. C.

The fourth edition of this work bears evidence of the same care and attention in its preparation as that which has characterized each of the previous editions. The fact, that so short a time has elapsed since the third revision of the work, would naturally lead one to suppose that the changes in the text could not be very marked. While, however, the general plan of the book does not differ very much from that of its predecessors, yet one notices a number of extensive changes. Especially is this true in connection with the chapters devoted to the chemistry of urine. From the standpoint of both physiology and pathology, probably

no line of research receives more attention. In this particular, Dr. Purdy evidently intends that his book shall be up-to-date. In order to accomplish this end, many chapters have been largely rewritten. Special attention is given to the consideration of the more recent instruments used in the examination of urine. In connection with the specific gravity of the urine, a very excellent description is given of the Westphal balance, an extremely accurate instrument by which the estimation may be carried to the fourth decimal. The various tests given for detecting the presence of normal or abnormal constituents of urine, are simply those which are most practical and accurate. Many which lack these qualities, and whose sole claim is their antiquity, are either dismissed with a passing notice, or discarded entirely.

Numerous changes are found in connection with the discussion on glycosuria. The author utters a strong word of caution in regard to Fehling's test on account of the instability of the solutions. He calls attention to the fact noticed noticed by Seekamp, that aqueous solutions of tartaric acid when exposed to light are exceedingly prone to decompose. He also quotes Jovitschetsch to the effect that alkaline solutions of copper deposit cuprous oxide either at ordinary temperatures or when heated, if it has been partially neutralized with sulphuric, hydrochloric or nitric acid. As in previous editions, he recommends Haines' as the best copper test. In speaking of his own formula, the author distinctly states that he does not recommend its use for qualitative, but only for quantitative work. Special mention is made of the phenyl-hydrazin test as applied by Jaksch. In connection with the quantitative determination of sugar, there is appended to the author's own formula, a table by which the amount of sugar in a given specimen of urine may be readily calculated, both in percentage amount and in grains per fluid ounce from one tritration.

As in previous editions, Part II is devoted to the question of Urinary Diagnosis. This bears the same evidence of care in its preparation as does Part I, though, naturally, one finds here much less change in the text than is the case with those pages devoted to the chemistry of the urine.

International Clinics.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng.; and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume III, eighth series, 1898. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

Vol. III, Eighth Series, of this excellent quarterly is full of articles of much interest and much value. It is impossible to even mention by

name the various papers, and an endeavour to cull a few of the notable features is sure to be marked by that "personal equation" which detracts from the value of any review. However, Canadians will be particularly attracted by two lectures by Canadians. One is by Dr. J. C. Webster, (of Montreal), entitled "Some Observations Regarding the Treatment of the Conditions generally known as 'Anteversion' and 'Anteflexion.'" He speaks dogmatically upon these topics, but his ideas are in line with most of the authorities of to-day. "At the present time it can be confidently asserted that anteversion *per se*, is of no significance in the production of distressing symptoms, deserves no *locus standi* as a diseased condition, and requires no treatment." However, should any inflammatory thickening in the uterine wall, or any tendency to prolapse, or any morbid condition in the pelvis have associated with it a so-called anteversion, the morbid condition should have appropriate treatment without consideration of the shape and direction of the long axis of the uterus. And as for anteflexion, "the curve of a woman's uterus has in the great majority of cases no more to do with her health than the curve of her nose." Here, too, it is associated conditions which give rise to symptoms and which require treatment.

Dr. Alexander McPhedran, of Toronto, contributes a valuable lecture on "Peripheral Neuritis." An interesting account of this condition is illustrated with several cases, one of which is remarkable. A man aged 22 partook of pie which had been liberally spread with "rough-on-rats." He soon became ill, but recovered from the immediate effects in a comparatively short time. At the end of the first week tingling sensations began in the hands and feet and other symptoms also developed, but he was able to be about until more than a fortnight after the poisoning, when he suddenly collapsed, and he was unable to use his hands or stand for eight months. Ultimately he made a good recovery. "In the treatment of peripheral neuritis there is only one prescription that is effective, and that is time,—eighteen months or two years." The cause should, if possible, be removed. Anodynes should be used circumspectly. Strychnine, massage and baths are advocated.

THE PHYSICIAN'S VISITING LIST FOR 1899.—For 25 patients per day or week, $1.00; 50 patients per day or week, $1.25. All editions contain the special memoranda page. Published by P. Blakiston' Son & Co., 1012 Walnut St., Philadelphia.

The regular edition for 1899 has the same concise arrangement that has heretofore made Blakiston's Visiting List so popular among the profession. Its compactness, at the same time containing all the good points that make a physician's accounts easily kept, are embraced in this little book. The metric system is given in detail and the method shown how to convert the apothecaries' weights and measures into grams. There is also a valuable dose-table arranged by Dr. George M. Gould. It has likewise the great advantage of being easily carried in the coat pocket.

PAMPHLETS RECEIVED.

THE SURGICAL TREATMENT OF UTERINE MYOMATA.—By Henry O. Marcy, A. M., M. D., L. L. D., Boston. Reprinted from the *Journal of the American Medical Association.*

THE CURE OF INGUINAL HERNIA IN THE MALE.—By Henry O. Marcy, A. M., M. D., L. L. D., Boston.

BOOKS OF THE MONTH.

A TEXT-BOOK OF PATHOLOGY.—By Alfred Stengel, M. D., Instructor in Clinical Medicine in the University of Pennsylvania; Professor of Clinical Medicine in the Woman's Medical College; Physician to the Philadelphia Hospital; Physician to the Children's Hospital, Philadelphia, etc. With 372 illustrations. Cloth, $4.00, *net.* Half morocco, $5.00, *net.* Published by W. B. Saunders, Philadelphia.

SANMETTO RELIEVES QUICKLY IN PROSTATIC TROUBLES.—To say that sanmetto does all that could be reasonably expected of it, in all troubles of the genito-urinary organs, is not an adequate description of its therapeutic value. For it aids in any congestion more or less, and is therefore an invaluable remedy for all congestions, especially of the prostate gland, affording relief quickly.

Drake, Mo. H. A. Gross, M. D.,
1858—Med. Dept. Washington Univ.
(St. Louis Med. Col.), St. Louis, Mo.

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS WINTER SEQUELAE.—The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Firse of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a five grain antikamnia tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets, each containing 2½ grains antikamnia and 2½ grains quinine. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*" has found much benefit to result from five grain antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two antikamnia and codeine tablets slowly dissolved upon the tongue, swallowing the saliva.

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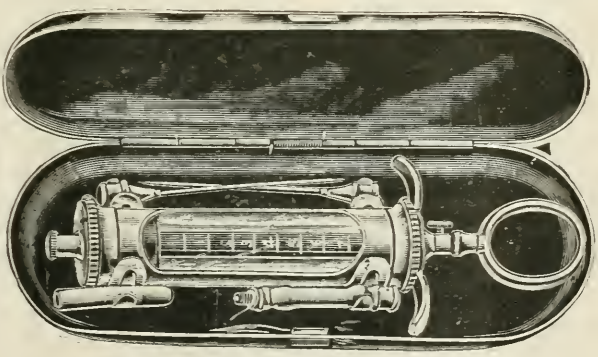

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HALIFAX, NOVA SCOTIA.

Thirtieth Session, 1898-99.

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EDWARD FARRELL, M. D., President and Professor of Surgery and Clinical Surgery.
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D., C. M.; M. B. C. M., Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.; Professor of Materia Medica.
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology and of Clinical Medicine
STEPHEN DODGE, M. D., Professor of Ophthalmology and Otology.
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology.
JOHN STEWART, M. B., C. M., Edin.; Professor of Surgery.
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology.
GEO. M. CAMPBELL, M. D., Professor of Histology.
F. U. ANDERSON, L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.; Adjunct Professor of Anatomy.
C. E. PUTTNER, PH. M., Instructor in Practical Materia Medica.
W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology and Pathology.
WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Assistant Demonstrator of Anatomy.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

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G. CARLETON JONES, M. D.,
Secretary Halifax Medical College